

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-14-2003 90751 027 ****50.00

DOCUMENT # L02000015953



1. Entity Name

GUGELOT, LLC

Principal Place of Business
2160 IBIS ISLE RD., APT. 11
PALM BEACH FL 33480

Mailing Address
2160 IBIS ISLE RD., APT. 11
PALM BEACH FL 33480

44001597



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

753074209

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, ROBERT D
555 S. FEDERAL HWY., STE. 330
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GUGELOT, STEFANIE
2160 IBIS ISLE RD., APT. 11
PALM BEACH FL 33480

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MARION, DEIDRE G
298 MOLASSESS LANE
MOUNT PLEASANT SC 29464

☐ Delete

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/03 **561-493-3121**
Daytime Phone #

CR2E083 (10/02)